

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> CALIFORNIANS FOR RESPONSIBLE HOUSING, SPONSORED BY THE CALIFORNIA APARTMENT ASSOCIATION <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>AREA CODE/PHONE NUMBER</b>            (415)389-6800         </div> <div style="width: 45%;"> <b>I.D. NUMBER</b> (if applicable)            1401516         </div> </div> <hr/> <b>STREET ADDRESS</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>CITY</b>            SAN RAFAEL         </div> <div style="width: 20%;"> <b>STATE</b>            CA         </div> <div style="width: 30%;"> <b>ZIP CODE</b>            94901         </div> </div>			<b>Date of This Filing</b> <u>06/20/2018</u>  <b>Report No.</b> <u>LCR # 428</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>2</u>	<b>Date Stamp</b>   Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only
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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/18/2018	MILL CREEK RESIDENTIAL TRUST LLC Boca Raton, FL 33431	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17,000.00
06/18/2018	USA PROPERTIES FUND, INC Roseville, CA 95661	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00
06/20/2018	MARK LEARY San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES ARA NEWMARK	\$10,000.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (415)389-6800		<b>I.D. NUMBER (if applicable)</b> 1401516			
<b>STREET ADDRESS</b>			<b>Report No.</b> LCR # 428	Page 2 of 2	
<b>CITY</b> SAN RAFAEL			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>STATE</b> CA			<b>No. of Pages</b> 2		
<b>ZIP CODE</b> 94901					

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: